- This New CMS-1500 Medi-Cal Guide will show you field by field what has changed on the new 02/12 version of the CMS-1500 claim form by comparing each field against the old 08/05 version of the CMS-1500.
- Medi-Cal will begin accepting the new 02/12 version of the CMS-1500 on January 6, 2014. Both the new and old claim forms will be accepted until March 31, 2014. Beginning April 1, 2014, the new 02/12 version only of the CMS-1500 will be accepted.
- You will enter the same information in each field of the the new claim as you entered on the old claim form, with the following exceptions:
  - You must now enter a comma between the recipient's last name and first name in the *Patient's Name* field (Box 2).
  - You must indent text 2 bytes in the Name of Referring Provider or Other Source field (Box 17).
- Refer to the CMS-1500 Completion or CMS-1500 Completion for Vision Care manual section, as appropriate, for instructions to complete each claim field.
- The "same information" rule above is true even if the new field name indicates the
  field is Reserved for NUCC Use. Please continue to enter information in fields
  designated for NUCC use as you did on the old claim form. Additionally,
  documentation previously required in the Reserved for Local Use field (Box 19), is
  still required in the new field labeled Additional Claim Information (Designated by
  NUCC).
- Do not enter the ICD indicator in the *Diagnosis or Nature of Illness or Injury* field (Box 21) until later in 2014. Instructions will be supplied to you in a future *Medi-Cal Update* bulletin.
- Do not enter a qualifier in any of the new fields that designate "qualifier." Medi-Cal is not using qualifiers at present, including fields 14 and 17.

# **FIELD COMPARISONS**

# **Header and Field 1**

- Quick Response Code (QR Code) graphic replaced 1500 rectangular symbol
   "(NUCC)" added after "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE"

<ul> <li>"02/12" replaced "08/05"</li> <li>"Tricare (ID#/DoD#)" replaced "TRICARE CHAMPUS (Sponsor's SSN)"</li> <li>"(ID#)" replaced "(SSN or ID)" under "GROUP HEALTH PLAN"</li> <li>"(ID#)" replaced "(SSN)" under "FECA BLK LUNG"</li> <li>"(ID#) replaced "(ID)" under "OTHER"</li> </ul>
Old Form
1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05
PICA
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER CHAMPUS (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)
New Form
回信日 第2条 回 <del>録を</del>
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12
PICA
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHE HEALTH PLAN BLK LUNG (ID#) (ID#) (ID#)
Field 8
"RESERVED FOR NUCC USE" replaced "PATIENT STATUS" and other content
Old Form

	8. PATIENT STATUS
	Single Married Other
	Employed Full-Time Part-Time Student Student
Nam	Form
new	
New	8. RESERVED FOR NUCC USE
new	<del></del>
new -	<del></del>
new -	<del></del>
inew.	<del></del>

Field 9b "RESERVED FOR NUCC USE" replaced "OTHER INSURED'S DATE OF BIRTH" and other content
Old Form
b. OTHER INSURED'S DATE OF BIRTH SEX
New Form
b. RESERVED FOR NUCC USE
Field 9c "RESERVED FOR NUCC USE" replaced "EMPLOYER's NAME or SCHOOL NAME"
Old Form
c. EMPLOYER'S NAME OR SCHOOL NAME
New Form
c. RESERVED FOR NUCC USE
Field 10d "CLAIM CODES (Designated by NUCC)" replaced "RESERVED FOR LOCAL USE"  Old Form
10d. RESERVED FOR LOCAL USE
New Form
10d. CLAIM CODES (Designated by NUCC)

<u>Field</u>	111
"OTH	ΕR

<u>b</u> CLAIM ID (Designated by NUCC)" replaced "EMPLOYER'S NAME OR SCHOOL NAME"

Ola	го	1111		
	Г.		 	 

b. EMPLOYER'S NAME OR SCHOOL NAME	

# **New Form**

b. OTHER CLAIM ID (Designated by NUCC)	

# Field 11d

"If yes, complete items 9, 9a, and 9d" replaced "If yes, return to and complete it 9a-d"

#### **Old Form**

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?				
YES	NO	If yes, return to and complete item 9 a-d.		

# **New Form**

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?				
	YES	NO	If yes, complete items 9, 9a, and 9d.	

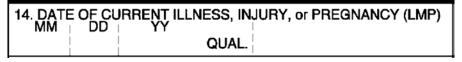
# Field 14

- "DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)" replaced "DATE OF **CURRENT**"
- Deleted arrow
- Deleted text in field's right half
- "QUAL." added to field's right half

# **Old Form**

14. DATE OF CURRENT: MM   DD   YY	ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)	
--------------------------------------	--	--

# **New Form**



# Field 17 Added dotted line in field's left half to accommodate a 2-byte qualifier Old Form 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

# New Form 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

# Field 19

"ADDITIONAL CLAIM INFORMATION (Designated by NUCC)" replaced "RESERVED FOR LOCAL USE"

# **Old Form**

19. RESERVED FOR LOCAL USE		

#### **New Form**

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		

#### Field 21

- "Relate A-L service line below (24E)" replaced "Related Items 1, 2, 3, or 4 to Item 24E by Line)"
- Deleted arrow pointing to 24E
- Added "ICD Ind." and dotted lines to right upper corner to accommodate a 1-byte indicator
- Spaced evenly the diagnosis code lines and added eight diagnosis codes lines
- Changed labels of the diagnosis code lines to alpha characters A-L
- Deleted period within the diagnosis code lines

# **Old Form**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJUI	RY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)	
1. L	3	*
2	4	

#### **New Form**

21. DIAGNOSIS OR NATUR	RE OF ILLNESS OR INJURY Relate	A-L to service line below (24E)	ICD Ind.
A. L	В	c. L	D
E	F	G. L	н. L
l. [	J. L	К	



"RESUBMISSION CODE" replaced "MEDICAID RESUBMISSION CODE"

#### **Old Form**



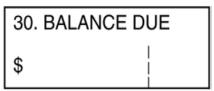
#### **New Form**

22. RESUBMISSION CODE	ORIGINAL REF. NO.

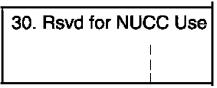
# Field 30

"Rsvd for NUCC Use" replaced "Balance Due"

# **Old Form**



# **New Form**



#### **Footer**

"APPROVED OMB-0938-1197 FORM 1500 (02/12)" replaced "APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)"

#### **Old Form**

